

**FLORIDA EDUCATORS OF THE DEAF AND HARD OF HEARING
MEMBERSHIP FORM**

MEMBERSHIP YEAR: January 1-December 31st, 2023

PLEASE PRINT OR TYPE *FEDHH does not share/sell information with/to businesses or other organizations*

Date of Application: _____

First Name _____ Last Name _____

Address _____

City _____ State, Zip Code _____

Home Phone _____ Work Phone _____

E-Mail _____

Email notifications included with membership.

Which phone number do you wish to have included in our membership directory? ___ Work ___
Home ___ None

Place of Employment or College:

Name _____

Job Title _____

Number of years working with Deaf & Hard of Hearing including this
year _____

MEMBERSHIP DUES: \$30.00 Membership Dues Regular / Out of State Student / Retired

I AM A: ___ New Member ___ Renewing Member

TEACHING LEVEL:

___ Early Childhood ___ Elementary ___ Middle School ___ High School ___ Itinerant

___ College Instructor ___ Student ___ Retired Other: _____

MEMBER BENEFITS:

Eligible to apply for FEDHH Mini-Grants

Eligible for FEDHH Teacher of the Year nominations

Eligible for serving as a Board Member

Member discounts from educational resources available. Ask a Board member for details!

Please check the box(es) if you would like to volunteer with FEDHH:

I WOULD BE INTERESTED IN VOLUNTEERING FOR:

___ Board position ___ Conference Committee ___ Special Projects/Committees

___ Conference Presenter

MAKE CHECK PAYABLE TO: FEDHH

Send Membership Form and \$30.00 to:

FEDHH Treasurer

Beth Barney

1009 SW Cornelia Ave

Port St Lucie, FL 34953